

SECTION A

GENERAL INFORMATION

1. SOC SEC NUMBER		3. SD	4. SCHED	5. GRADE
6. AFFILIATION		7. OCCUPATIONAL TITLE		
8. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		9. CURRENT STATION		10. HQS
11. REPORTING PERIOD		12. DATE REPORT DUE IN OP		13. TYPE OF REPORT

SECTION B

QUALIFICATIONS UPDATE

QUALIFICATIONS UPDATE FORM BEING SUBMITTED WITH CHANGES, AND IS IT ATTACHED TO THIS REPORT?

YES

NO

SECTION C

SPECIFIC DUTIES

LIST IN ORDER OF IMPORTANCE THE SPECIFIC DUTIES PERFORMED DURING THE RATING PERIOD. INSERT RATING WHICH BEST DESCRIBES THE MANNER IN WHICH EMPLOYEE PERFORMS EACH SPECIFIC DUTY. CONSIDER ONLY EFFECTIVENESS IN PERFORMANCE OF THAT DUTY. ALL EMPLOYEES WITH SUPERVISORY RESPONSIBILITIES MUST BE RATED ON THEIR ABILITY TO SUPERVISE (INDICATE NUMBER OF EMPLOYEES SUPERVISED). DEFINITIONS OF RATINGS TO BE USED ARE FOUND IN SECTION E OF THIS FORM. SEE INSTRUCTION SHEET FORM 45 FOR ADDITIONAL GUIDANCE.

SPECIFIC DUTY NO. 1	RATING NUMBER
SPECIFIC DUTY NO. 2	RATING NUMBER
SPECIFIC DUTY NO. 3	RATING NUMBER
SPECIFIC DUTY NO. 4	RATING NUMBER
SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 6	RATING NUMBER

GENERAL INFORMATION

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4. EMPLOYEE COMMENTS (Optional)

THE EMPLOYEE HAS THE OPTION TO PROVIDE A SELF APPRAISAL OF PERFORMANCE, AND TO COMMENT OR NOT ON THE SUPERVISOR'S EVALUATION AND/OR THE REVIEWER'S COMMENTS.

I CERTIFY THAT THIS REPORT WAS DISCUSSED WITH ME BY MY SUPERVISOR.

DATE

SIGNATURE OF EMPLOYEE

5. REVIEWING OFFICIAL COMMENTS

COMMENT OF REVIEWING OFFICIAL.

DATE	TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
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I CERTIFY THAT I HAVE READ THE REVIEWER'S COMMENTS.

DATE

SIGNATURE OF EMPLOYEE

1. SUPERVISOR'S COMMENTS

AMPLIFY OR EXPLAIN THE INDIVIDUAL RATINGS GIVEN FOR SPECIFIC DUTIES IN SECTION C. INDICATE SIGNIFICANT STRENGTHS OR WEAKNESSES DEMONSTRATED ANY ANY SUGGESTIONS MADE FOR IMPROVEMENT OF WORK PERFORMANCE. GIVE RECOMMENDATIONS FOR TRAINING. SEE ATTACHED INSTRUCTIONS FOR REQUIRED COMMENTS ON: COST CONSCIOUSNESS, EEO, SAFETY, SECURITY, AND EVALUATION OF SUPERVISORS, ETC.

2. OVERALL PERFORMANCE RATING

THE OVERALL PERFORMANCE RATING SHOULD TAKE INTO ACCOUNT EVERYTHING ABOUT THE EMPLOYEE WHICH INFLUENCES EFFECTIVENESS. SEE ATTACHED INSTRUCTIONS FOR DETAILS. RATING NUMBER:

3. SUPERVISOR CERTIFICATION

MONTHS EMPLOYEE HAS BEEN
IN THIS POSITION _____
MONTHS UNDER MY
SUPERVISION _____

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.

INTERIM DISCUSSION(S) ABOUT WORK PLAN PROGRESS ____ WAS/____ WAS NOT HELD. (CHECK ONE)

DATE	TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
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Individual DutyOverall Performance

Individual consistently fails to meet the established work standards for the duty or task performed. Performance is unsatisfactory.

Individual frequently fails to meet the work standard for the duty or task performed. Performance is marginal.

Individual occasionally fails to meet the work standard for the duty or task performed. Performance is acceptable.

Individual fully meets the work standards for the duty or task performed. ~~Performance is representative.~~

Individual occasionally exceeds the established work standard for the duty or task performed. Performance is good.

Individual frequently exceeds the established work standard for the duty or task performed. Performance is excellent.

Individual invariably exceeds the established work standard for the duty or task performed. Performance is superior.

Performance does not meet all established work standards for the position and specifically demonstrates the individual's failure to meet one or more important job requirements (e.g., doesn't complete work; lacks the necessary knowledge, skill, or ability to do the job properly). Performance is unsatisfactory.

Performance frequently does not meet all established work standards for the position and reflects a significant problem relating to the individual's suitability for continued assignment in the job (e.g., seldom completes work assignments without strong support; work products or services are often faulty and incomplete). Performance is marginal.

Performance generally meets established work standards for the position but characteristically needs improvement in a specific area or on occasion falls somewhat short of satisfying all job requirements (e.g., inconsistent work effort in meeting deadlines; quality of work product or service sometimes needs to be improved). Performance is acceptable.

Performance meets all established work standards for the position and attests to a satisfactory level of job-related knowledge, skill or ability (e.g., does what is expected; reliable and dependable, a typical performer). ~~Performance is representative.~~

Performance occasionally exceeds established work standards for the position and is generally of higher quality than is required to do the job satisfactorily (e.g., generally produces a better than average product or service; reveals a good level of knowledge, ability and skill in satisfying work requirements). Performance is good.

Performance frequently exceeds established work standards for the position and shows that the individual's level of job-related knowledge, skill, and ability is highly developed (e.g., functions with ease in satisfying work requirements, producing a high-quality product or service). Performance is excellent.

Performance invariably exceeds established work standards for the position, and is characterized by extraordinary proficiency suggestive of one expert at doing the job (e.g., highly efficient performer, one who demonstrates impressive knowledge, skill and ability in his or her work performance). Performance is superior.

ADVANCE WORK PLAN

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1. SOC SEC NUMBER	2. NAME (Last, first, middle)	3. SD	4. SCHED	5. GRADE
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8. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		9. CURRENT STATION		10. HQS

A. **EMPLOYEE'S JOB** - State briefly where the position fits in the staffing pattern and, if appropriate, the number and type of employees supervised by this employee.

B. **WORK OBJECTIVES, GOALS AND PRIORITIES** - List the specific objectives and goals, in priority order, formulated by the supervisor and the employee.

PERIOD COVERED _____ (To be attached to the PAR for this period.)

SIGNATURE OF EMPLOYEE (Name typed)

SIGNATURE OF SUPERVISOR (Name typed)

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TITLE _____ DATE _____ TITLE _____ DATE _____

EVALUATION OF POTENTIAL

SECTION A

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6. AFFILIATION		7. OCCUPATIONAL TITLE		
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EVALUATION AND COMMENTS MUST BE LIMITED TO DIRECT OBSERVATION OF PERFORMANCE AND BE WITHIN THE SUPERVISOR'S AREA OF EXPERTISE. THE EVALUATION IS AN ESTIMATE OF THE INDIVIDUAL'S POTENTIAL TO ASSUME ADDED RESPONSIBILITY.

SECTION B

EVALUATION

CHECK ONE:

- ☐ THE ASSIGNMENT DURING THIS RATING PERIOD DID NOT OFFER THE OPPORTUNITY TO EVALUATE READINESS TO ASSUME HIGHER LEVEL RESPONSIBILITY. EMPLOYEE IS RENDERING A VALUABLE CONTRIBUTION.
- ☐ READINESS TO ASSUME HIGHER LEVEL RESPONSIBILITY CAN BE DEMONSTRATED IN THIS ASSIGNMENT. THE READINESS OF THIS INDIVIDUAL, AS OBSERVED IN THE PERFORMANCE DURING THIS RATING PERIOD, CAN BEST BE DESCRIBED BY THE FOLLOWING STATEMENT:
- ☐ EMPLOYEE APPEARS TO LACK THE CAPABILITY TO ASSUME HIGHER LEVEL RESPONSIBILITY.
- ☐ IT IS DIFFICULT TO JUDGE WHEN THE EMPLOYEE MAY BE READY TO ASSUME A HIGHER LEVEL OF RESPONSIBILITY. EMPLOYEE HAS ROOM TO GROW WITHIN THE SCOPE OF RESPONSIBILITIES OF THE PRESENT JOB.
- ☐ EMPLOYEE PERFORMS THE FULL RANGE OF RESPONSIBILITIES IN THE CURRENT JOB AND WILL BE READY TO ASSUME HIGHER LEVEL RESPONSIBILITY WITH APPROPRIATE TRAINING AND EXPERIENCE.
- ☐ EMPLOYEE IS READY TO ASSUME HIGHER LEVEL RESPONSIBILITY.

SECTION C

SUPERVISOR'S COMMENTS .

EXPLAIN YOUR CHOICE ABOVE. STATE THE QUALITIES OF WORK PERFORMANCE THAT BEST DEMONSTRATE READINESS FOR GROWTH AND ADVANCEMENT, OR THE LACK THEREOF; SUPPORT WITH EXAMPLES.

SECTION D

CERTIFICATION

TYPED OR PRINTED NAME OF SUPERVISOR	SIGNATURE	DATE
SIGNATURE OF EMPLOYEE		DATE

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